OBJECTIVES: To determine the most cost-effective treatment scheme for transitional cell carcinoma of the urothelial tract (TCCU) in second line through the comparison of vinflunine+ best supportive care (BSC) and BSC from a payer perspective. **METHODS:** Cost-effectiveness and budget impact analysis were performed. Efficacy data came from phase III clinical trial. The economic perspective was the one of the Russian national health system. Results are expressed in RUB, year 2015. Sensitivity analysis were conducted to check the robustness of our findings. **RESULTS:** ICER was calculated: 1 114 504 RUB/18 541 EUR life-year gained (LYG). Budget impact analysis revealed that, a treatment with vinflunine+BSC required additional costs: 332 944 RUB/5 539 EUR for a 3-cycle treatment course. According to the budget impact analysis, shifting from a vinflunine+BSC treatment to BSC alone requires additional costs of 241 384 391 RUB/4 015 711 EUR for TCCU patients after failure of a prior platinum-containing regimen in Russia for a fulltreatment course. **CONCLUSIONS:** Vinflunine+BSC is cost-effective, as ICER does not exceed the willingness-to-pay threshold of Russia, which equals 1 481 749 RUB/24 651 EUR. And this ICER per LYG is lower than the ones calculated for the other chemotherapies used in oncology.

PCN82

PHARMACOECONOMIC ANALYSIS OF FERRIC CARBOXYMALTOSE IN PATIENTS WITH COLON CANCER AND ANEMIA

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OBJECTIVES: To conduct a budget impact and cost effectiveness analysis of ferric carboxymaltose in Russian patients with colon cancer in preoperative period. **METHODS:** Based on literature data (Salvadora Delgado et al. 2013, Efficacy of Preoperative Administration of Ferric Carboxymaltose in Colon Cancer Patients and Anemia) we created a pharmacoeconomic model of intravenous iron therapy in patients with colon cancer and anemia. The study included two groups (100 patients each), treated with ferric carboxymaltose and placebo, respectively. The model included costs of medications, hospitalization and transfusions. **RESULTS:** Total costs were 10 679 174 rub. in placebo group and 10 518 707 rub. in ferric carboxymaltose group. The costs of blood transfusion were 3.9 times lower in carboxymaltose group compared to control (placebo group); hospitalization in this group lasted shorter, which reduced costs 1.23 times (4 155 000 rub. and 5 100 000 rub., respectively). The role of cost effectiveness ratio in terms of clinical result without clinical complications was 132 644,50 for ferric carboxymaltose and 145 294,90 in placebo group. **CONCLUSIONS:** The application of ferric carboxymaltose in patients with colon cancer is justified by the comparative effectiveness estimated in budget impact analysis, and allows reducing costs in healthcare system.

PCN83

RITUXIMAB SC VS RITUXIMAB IV FOR NON-HODGKIN'S LYMPHOMAS (NHLS): AN ECONOMIC EVALUATION FOR THE GREEK HEALTHCARE SYSTEM

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OBJECTIVES: Non-Hodgkin's lymphomas (NHLs) account for 90% of all lymphomas. Rituximab intravenous (IV) infusion represents a widely used therapeutic option against CD20-positive lymphomas. Recently, the therapeutically equivalent subcutaneous (SC) formulation was made available. Taking into account that SC formulations can result in resource and cost savings compared to IV forms of the same medication, this study aims to perform a cost-minimization (CMA) and budget-impact analysis (BIA) of introducing and switching to Rituximab SC injection for the treatment of NHLs in Greece. **METHODS:** A questionnaire-based survey to a group of clinical practitioners that manage NHL patients formed the basis of the analyses. The collected data captured the resources used for the preparation and administration of Rituximab SC and/or IV, namely staff times, medications, consumables and overheads during patient stay. A CMA compared the costs of Rituximab SC versus IV by estimating the total cost/patient over the full course of treatment and the BIA estimated the impact of different penetration scenarios of the two formulations over a 3-year period. Calculations followed a third party payer perspective, according to the health system's official price lists. **RESULTS:** Results indicated that the SC administration provided a 77% reduction in the average time the nurses spent on a patient and a reduction of 90% in the time that the infusion chair was occupied. The average administration cost per patient over the full course of treatment was 13.627€ and 14.245€ for the SC and the IV, respectively. Budget savings for the first year of full implementation of SC administration was 618.708€ for a population of 1.000 patients. **CONCLUSIONS:** The outcomes suggest that the introduction of Rituximab SC in the treatment of NHL could provide the grounds for efficient resource allocation within the hospital setting, as well as increasing maximum capacity to facilitate demand.

PCN84

DO PAYERS EQUALLY VALUE THE COST PER MONTH OF OVERALL SURVIVAL FOR METASTATIC CASTRATION RESISTANT PROSTATE CANCER WITHIN THE EU5?

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OBJECTIVES: There have been several recent product launches for the treatment of metastatic castration resistant prostate cancer (mCRPC). The aim of this study was to assess the cost of mCRPC treatments across the EU5 (France, Germany, Italy, Spain, UK) in relation to overall survival (OS), to determine if payers equally value the cost/ OS month for mCRPC treatments. **METHODS:** Median OS (total and gain vs control arm) and average treatment duration were extracted from Phase III trial data for Zytiga, Xtandi, Jevtana, and docetaxel for each approved indication. Launch prices were extracted from publically available sources. The cost/total OS month and cost/ OS month gained over control for each treatment, across the EU5, were then calculated. **RESULTS:** Based on total OS, docetaxel consistently offered the lowest cost/OS month across the EU5 with a median cost of €531/ OS month. For post-chemotherapy indications, Zytiga had the highest cost/OS month (€1820-€2904) in all countries except Italy, where Xtandi was higher (€3620). In contrast, for the pre-chemotherapy indications ,Xtandi had the highest cost/OS month (€1839 - €4112) across the EU5. When comparing price/OS month gained over control, there was significant variation across products. For example, the EU5 median cost/OS month were significantly higher for the pre-chemotherapy indications for Zytiga and Xtandi (€12,869 and €27,281 respectively) versus their post-chemotherapy indications (€7136 and €6252 respectively). Jevtana's EU5 median cost of €11,322, for post-chemotherapy, was comparable to the cost/OS month gained over control for the pre-chemotherapy indications of Zytiga and Xtandi. **CONCLUSIONS:** Payers do not equally value cost/OS month, as observed by the range of costs/OS month across products. Similarly, there is significant variation in the price/OS month gained over control, with payers paying significantly more for the pre-chemotherapy compared to post-chemotherapy indications, inferring that payers maybe willing to pay more for treatments earlier in the treatment pathway for mCRPC.

PCN85

PHARMACOECONOMICAL CHARACTERISTICS OF DIFFERENT STRATEGIES OF HEMOSTASIS DURING EXTENSIVE HEPATECTOMY

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OBJECTIVES: To analyze budget impact and determine cost-effectiveness of different strategies of hemostasis during hepatic resection in patients with benign and malignant tumors. **METHODS:** A pharmacoeconomic model of application of different strategies of hemostasis in target population of patients was created based on the data of clinical study by J. Briceño et al. (2010). Two groups of patient (100 persons each) were considered: 1st with tachocomb fibrin-coated collagen fleece, and 2nd with alternative hemostatic technologies (standard care). The calculation included direct costs of pharmacotherapy with different hemostatic strategies, cost of stay in hospital, costs of hepatectomy, and costs of blood transfusion. **RESULTS:** Total costs were significantly lower in the group of fibrin-coated collagen fleece compared with the group of standard care (8,502,298.53 RUB vs. 9,243,846.02 RUB, respectively). Analysis of budget items showed that costs of hospitalization were 3,952,000 RUB in tachocomb group, and 5,200,000 RUB in the control group. In addition, the use of fibrin-coated collagen fleece reduced the financial costs of blood transfusion nearly threefold (456,146.02 RUB and 124,598.53 RUB, respectively). Cost-effectiveness ratio defined as a number of patients with no complications after minor or extensive hepatic resection was 135,938.91 and 111,872.35 in the standard care group and tachocomb group, respectively. **CONCLUSIONS:** Pharmacoeconomic advantages were established for the strategy with application of tachocomp fibrin-coated collagen fleece during hepatectomy of patients with for benign and malignant tumors. The benefits were connected with lower financial costs and more favorable cost-effectiveness.

PCN86

COST COMPARISON OF ORAL VERSUS IV VINORLBINE IN FRANCE IN ADVANCED BREAST CANCER

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OBJECTIVES: To compare the cost associated with advanced breast cancer treated with vinorelbine oral (VinO) versus IV (VinIV) from the national health services perspective in France. **METHODS:** This was an observational, prospective, international, multicentric study. This analysis focused on French patients who were included in the study at the beginning of their 2nd cycle of chemotherapy with vinorelbine and categorized in 2 groups depending on whether they are receiving VinO or VinIV. In and out-patient resource utilization was collected during two cycles. The analysis was conducted according to the recommendations published by the Haute Autorité de la Santé. Results are expressed in euros 2014. The economic perspective is the one of the Sécurité Sociale. **RESULTS:** 43 patients received VinO and 8 VinIV. No major difference was found between the two groups on the main known economics-related confounding factors. Median cost for transportation was lower in the VinO than in the VinIV treated patients: 85€ versus 265€. No major out-patient cost differences were reported on paramedical care, lab tests, imageries and medical visits. However, ambulatory costs (1,125€ vs 129€) and other drugs (287€ vs 85€) were higher for VinO chemotherapy. On the contrary, in-patient cost were found higher in VinIV patients (2,699€ versus 1,360€). Overall, patients treated with VinO (3,122€) cost less than VinIV (3,284€), resulting in a saving of 81€ per cycle. If about 10,000 cycles were to be administered in France, savings related to VinO would amount to 0.86m€. **CONCLUSIONS:** This survey demonstrated that VinO prescribed in daily practice is associated with reduced hospitalization in comparison to its IV form and decreased cost to the Sécurité Sociale, for the same level of efficacy. Policies aimed at reinforcing the use of oral chemotherapy might result in saving to National Health Care Services.

PCN87

A TRIAL-BASED ECONOMIC EVALUATION OF RESOURCE USE AND COSTS IN THE EMILIA CLINICAL STUDY

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OBJECTIVES: The objective of this study of breast cancer patients enrolled in the EMILIA clinical study was to compare costs of treating patients with either ado-trastuzumab emtansine (T-DM1) or lapatinib plus capecitabine (L+C). **METHODS:** All healthcare resource utilization (HCRU) and study drug costs for the EMILIA clini-